

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097936317**
APPLICANT(S)

FILING DATE

3/3/65 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2	1					1
3		1				1
4		1		1		1
5		1		1		1
6		1				1
7		1			1	
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1				1
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47						
48						
49						
50						
TOTAL IND.			2		2	
TOTAL DEP.			14		15	
TOTAL CLAIMS			16		17	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						